

DANTES GRE General/GMAT Reimbursement Form

SECTION I: APPLICANT INFORMATION

1. Name: (Last, First, M.I.) DOE, JOHN A.	
2. Rank: SGT	3. SSN: 000-00-0000
4. DOB: (MM/DD/YY) 07/10/73	5. Unit Assignment: Co. A 105th IN
6. If Active Duty: (choose one) <input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Air Force <input type="radio"/> Marine Corps <input type="radio"/> Coast Guard	
7. If National Guard/Reserve (choose one) <u>Guard</u> <input checked="" type="radio"/> Army <input type="radio"/> Air Guard <u>Reserve</u> <input type="radio"/> Army <input type="radio"/> Air Force <input type="radio"/> Navy <input type="radio"/> Marine Corps <input type="radio"/> Coast Guard	

SECTION III: EXAMINATION INFORMATION

1. Examination taken (mark only one): <input checked="" type="radio"/> GRE General <input type="radio"/> GMAT
2. Date administered: (MM/DD/YY) 01/15/02
3. Tested at: City: Boston State/Country: MA
4. Test Fee: \$ 105.00 Note: Expenses such as rescheduling, cancellation, late arrival, or forfeiture fees; credit card interest, or travel expenses are not reimbursable.
5. Attach a legible copy of the GRE General or GMAT Test Score Report. * VERY IMPORTANT (Reimbursement is not authorized without this report.) *NOTE: GRE and GMAT funded on a one-time-only basis.

SECTION II: REIMBURSEMENT OPTION

1. If you charged the CBT GRE General or GMAT test fee to a credit card, your account will be credited. Please indicate one: <input type="radio"/> MasterCard <input checked="" type="radio"/> VISA <input type="radio"/> American Express My credit card number is: 0000 -0000-0000-0000 Expiration Date: 01 / 05 Month Year (choose one.)
2. If you paid for the CBT GRE General or GMAT by voucher, you will receive a check for the test fee. Please provide a mailing address good for 90 days: (Print) 100 Main Street Apt. # 3 Anytown, MA 01000-0000 Zip Code _____ Commercial Day Time Phone: (555) 123 - 4567

SECTION IV: CERTIFICATION

Examinee I certify this is my first DANTES-funded GRE General or GMAT administration. I understand this includes paper and pencil administrations previously offered at DANTES Test Centers or computer-based versions of the GRE General/GMAT. I further certify my current military eligibility status will not expire before I take the GRE General/GMAT. Signature: SIGN HERE Date: (MM/DD/YY) 01/18/02 Commercial Duty Phone: () - 555-123-4567

Please complete this form and submit with a copy of the score report to:

MA ARNG
 EDUCATION OFFICE
 50 MAPLE STREET
 MILFORD, MA 01757-3604

IMPORTANT:
 Read the *Privacy Act Statement*
 on the reverse side of this form.

Official

I certify that I am the Test Control Officer (TCO) or Alternate TCO and that the above Service member has a current "Armed Forces of the United States Identification Card" and meets the GRE General or GMAT eligibility requirements as stated in the *DANTES Examination Program Handbook*.

Signature: LEAVE BLANK
Date: (MM/DD/YY) LEAVE BLANK
Commercial Duty Phone: () -
DANTES ID Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEAVE BLANK
DANTES Test Center Address:

MA ARNG
 EDUCATION OFFICE
 50 MAPLE STREET
 MILFORD, MA 01757-3604